PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

P02000051931 DOCUMENT #

1. Corporation Name

VERO INVESTORS II, INC.

Principal Place of Business

Mailing Address

03 DEC -2 AM 9:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA



PALM CITY FL 3499	0-2421	PALM CITY FI	L 34990-2421	and the balance	REIN	STATE		a3	
If above addresses are incorrect in any way, line through inc. 2. New Principal Office Address, If Applicable 3. N			New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For				
City & State		City & State	,		75-305 7993 Not Applicable			Not Applicable	
Zip Country		Zip Co		у	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee refor a Certificate of Sta				
7. Names and Stre	et Addresses of Each Officer and	d/or Director (Flo	rida nonprofit corpor	ations must list at le	ast 3 directors)				
Title(s) Name of Officers and/or Directors				reet Address of Eacl ficer and/or Directo					
D BUMP	BUMPERS, JAY C III		1907 SW MOORING DRIVE			PALM CITY FL 34990			
					12/02.	100251 10301046-	61182 -017 **15	0.00	
8.	Name and Address of Curren	t Registered Age	ent	Name	9. Name and	Address of New R	egistered Agent	· · · · · · · · · · · · · · · · · · ·	
SCHNITZER, (2455 EAST SI FT LAUDERDA	UNRISE BLVD #502		Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, Etc. City Para City FL 3499						
10. I, being appoint	ted the registered agent of the at	ove named corpo	pration, am familiar w	rith and accept the o	obligations of Sect		or 617.0505, F.S.	03	
	n an officer or director or the rec		ENT MUST SIGN	this application as	provided for in ch	<u>. </u>			

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Florida Department of State Glenda E. Hood Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Annual Report Vero Investors II, Inc. Document # P02000051931 FEI Number 75-3057993

Glenda E. Hood:

I currently own 6 corporations. I had and I must stress "had" a so called Professional Management Company that kept many important matters from my attention. They did not do the job that I paid them to do. Invoices and other important documents were lost or misplaced.

Due to my various investments my time has been spent on the larger projects and I neglected to check on the Management Company who had the power to sign checks and pay bills as they came due. For whatever reason, they did not pay the annual reports. I only found this out when I received your notices of dissolution.

I would greatly appreciate your understanding in this matter. Enclosed are six checks each for \$150.00 to reinstate the six companies.

Very truly yours,

Jay C. Bumpers III